

<i>SERFF Tracking Number:</i>	<i>HERT-125827646</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40495</i>
<i>Company Tracking Number:</i>	<i>PN-GR03-2008AR</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.114 Single Premium - Single Life - Funeral Expense</i>
<i>Product Name:</i>	<i>Preneed Grandchild Rider</i>		
<i>Project Name/Number:</i>	<i>PN-GR03-2008/PN-GR03-2008AR</i>		

## Filing at a Glance

Company: United Heritage Life Insurance Company

Product Name: Preneed Grandchild Rider	SERFF Tr Num: HERT-125827646	State: ArkansasLH
TOI: L07I Individual Life - Whole	SERFF Status: Closed	State Tr Num: 40495
Sub-TOI: L07I.114 Single Premium - Single Life - Funeral Expense	Co Tr Num: PN-GR03-2008AR	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Michele MacKenzie	Disposition Date: 10/22/2008
	Date Submitted: 10/10/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

## General Information

Project Name: PN-GR03-2008	Status of Filing in Domicile: Authorized
Project Number: PN-GR03-2008AR	Date Approved in Domicile: 05/07/2008
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/22/2008	
State Status Changed: 10/22/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Please find for your review and approval, a new rider and rider application to be used with United Heritage's preneed products. The Grandchild Insurance Rider, Form No. 1909-GIR (03-2008) and the Application for Grandchild Insurance Rider, Form No. 30-01GIR (03-2008) have been developed to provide coverage for the Grandchildren of our Preneed Insureds. The application and rider will only be available at the time of application for our Preneed products, however the insured may add additional grandchildren with an additional application and administrative fee. The rider will provide death benefit coverage for insured Grandchildren until the grandchild reaches age 19. There is no cash value in

<i>SERFF Tracking Number:</i>	<i>HERT-125827646</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>PN-GR03-2008AR</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.114 Single Premium - Single Life - Funeral Expense</i>
<i>Product Name:</i>	<i>Preneed Grandchild Rider</i>		
<i>Project Name/Number:</i>	<i>PN-GR03-2008/PN-GR03-2008AR</i>		

the Rider.

The Rider and application will be used with the following policies on file with the Arkansas Department:

1720U (1/1999) Advantage Whole Life, Guaranteed Issue, Increasing Death Benefit, filed with the Department March 26, 1999  
 1723U (1/1999), Advantage Graded Benefit Whole Life Policy, filed with the Department March 26, 1999  
 1890.5 (5/2004) and 1890U.5 (5/2004) filed with the Department July 26, 2005

We believe that the rider and application meet all of the necessary statutory requirements for the state of Arkansas. Should you need additional information, please do not hesitate to contact me at (208) 475-0981.

## Company and Contact

### Filing Contact Information

Michele MacKenzie, Regulatory Compliance Analyst  
 mmackenzie@unitedheritage.com  
 707 W. United Heritage Court  
 Meridian, ID 83680  
 (208) 475-0981 [Phone]

### Filing Company Information

United Heritage Life Insurance Company	CoCode: 63983	State of Domicile: Idaho
PO BOX 7777	Group Code: 2878	Company Type:
Meridian, ID 83680-7777	Group Name:	State ID Number:
(208) 475-0981 ext. [Phone]	FEIN Number: 82-0123320	

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## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Heritage Life Insurance Company	\$40.00	10/10/2008	23110897

SERFF Tracking Number:	HERT-125827646	State:	Arkansas
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TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.114 Single Premium - Single Life - Funeral Expense
Product Name:	Preneed Grandchild Rider		
Project Name/Number:	PN-GR03-2008/PN-GR03-2008AR		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/22/2008	10/22/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/17/2008	10/17/2008	Michele MacKenzie	10/20/2008	10/20/2008

<i>SERFF Tracking Number:</i>	<i>HERT-125827646</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Preneed Grandchild Rider</i>		
<i>Project Name/Number:</i>	<i>PN-GR03-2008/PN-GR03-2008AR</i>		

## Disposition

Disposition Date: 10/22/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	HERT-125827646	State:	Arkansas
Filing Company:	United Heritage Life Insurance Company	State Tracking Number:	40495
Company Tracking Number:	PN-GR03-2008AR		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.114 Single Premium - Single Life - Funeral Expense
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Grandchilde Rider		Yes
Form (revised)	Application for Grandchilde Rider		Yes
Form	Application for Grandchilde Rider	Replaced	Yes

SERFF Tracking Number: HERT-125827646 State: Arkansas  
Filing Company: United Heritage Life Insurance Company State Tracking Number: 40495  
Company Tracking Number: PN-GR03-2008AR  
TOI: L071 Individual Life - Whole Sub-TOI: L071.114 Single Premium - Single Life - Funeral Expense  
Product Name: Preneed Grandchild Rider  
Project Name/Number: PN-GR03-2008/PN-GR03-2008AR

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/17/2008  
Submitted Date 10/17/2008  
Respond By Date  
Dear Michele MacKenzie,  
This will acknowledge receipt of the captioned filing.

### Objection 1

- Application for Grandchild Rider (Form)

Comment: Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/20/2008  
Submitted Date 10/20/2008

Dear Linda Bird,

### Comments:

### Response 1

Comments: Linda,

Thank you for the heads up on this rider. I didn't realize that when it was written they failed to provide for the fraud warning. 30-01GIR has been removed and replaced with form no 30-01GIR FW (3-2008). Thank you,  
Michele

### Related Objection 1

Applies To:

SERFF Tracking Number: HERT-125827646 State: Arkansas  
Filing Company: United Heritage Life Insurance Company State Tracking Number: 40495  
Company Tracking Number: PN-GR03-2008AR  
TOI: L071 Individual Life - Whole Sub-TOI: L071.114 Single Premium - Single Life - Funeral Expense  
Product Name: Preneed Grandchild Rider  
Project Name/Number: PN-GR03-2008/PN-GR03-2008AR

- Application for Grandchilde Rider (Form)

Comment:  
Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Application for Grandchilde Rider	30-01GIR FW (3-2008)		Application/Enrollment Form	Initial			30-01GIR FW (3-2008).pdf
<b>Previous Version</b>							
Application for Grandchilde Rider	30-01GIR (3-2008)		Application/Enrollment Form	Initial			30-01GIR (3-2008).pdf

No Rate/Rule Schedule items changed.

Sincerely,  
Michele MacKenzie



SERFF Tracking Number: HERT-125827646 State: Arkansas

Filing Company: United Heritage Life Insurance Company State Tracking Number: 40495

Company Tracking Number: PN-GR03-2008AR

TOI: L071 Individual Life - Whole Sub-TOI: L071.114 Single Premium - Single Life - Funeral Expense

Product Name: Preneed Grandchild Rider

Project Name/Number: PN-GR03-2008/PN-GR03-2008AR

## Form Schedule

Lead Form Number: 1909-GIR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form No. 1909-GIR (03-2008)	Policy/Cont	Grandchilde Rider	Initial		51	Form No. 1909-GIR (03-2008).pdf
		ract/Fratern					
		al					
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
	30-01GIR	Application/	Application for	Initial			30-01GIR FW
	FW (3-	Enrollment	Grandchilde Rider				(3-2008).pdf
	2008)	Form					

# UNITED HERITAGE LIFE INSURANCE COMPANY

P.O. Box 7777  
Meridian, Idaho 83680-7777

## Grandchild Insurance Rider

We agree to pay the death benefit for a grandchild covered under this rider who dies while the policy and this rider are in force. The amount of the death benefit is shown on the Policy Specification Page.

### Definitions

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**Attained Age** - the age of the insured grandchild on the policy date plus the number of completed policy years.

**Expiry** - the date at which coverage ceases; that is, when no insured grandchild remains covered.

**Insured Grandchild** - includes any grandchild who is at least 1 year old but not yet age 19 at the effective date of the rider and is listed on the rider application. It also includes any additional grandchildren added after the effective date of the rider for which we have received an additional rider application and the administration fee has been paid. Grandchild must be unmarried and living with or dependent on a parent, grandparent or legal guardian for primary support.

### Insured Grandchild Benefit

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#### Death Benefit Requirement

Payment of the death benefit available under this rider will be made as soon as reasonably possible after we receive due proof of death of the grandchild, and proof of the right of the beneficiary to the proceeds. In no event will payment be delayed for more than 60 days after receipt of due proof.

#### Amount of Death Benefit

The amount of the death benefit for an insured grandchild is shown on the Policy Specification Page. If the grandchild is covered under this rider attached to other policies with us, a benefit will be paid under only one policy.

#### Termination

Coverage under this rider terminates on the first to occur of the following:

- the policy terminates; or
- the expiry of the rider; or
- an insured grandchild reaches attained age 19; or
- the payment of a death benefit under this rider; or
- the monthly anniversary coinciding with or next following our receipt of a written request for termination.

## Administration Fee for Rider

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The administration fee for this rider is shown on the Policy Specification Page. An additional administration fee will be charged for grandchildren added after the date of issuance of the policy.

## Nonforfeiture Provisions

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### Cash Value

This rider has no cash value.

## General Provisions

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### Incontestability

The death benefit with respect to each insured grandchild will be incontestable, except for nonpayment of premiums, after it has been in force during the lifetime of such insured grandchild for two years from the effective date of such insured's coverage.

### Suicide

If an insured grandchild dies by suicide, while sane or insane, within two years (one year if this rider is attached to a policy delivered in Colorado) from the effective date of such insured's coverage, the death benefit will not be paid. If only one grandchild is covered under this rider, the amount payable in event of the death of the insured grandchild will be a refund of the administration fee paid. If more than one grandchild is covered under this rider, in event of the death of an insured grandchild, no amount is payable. However, the rider will not terminate due to the suicide of a grandchild in the first two years (one year in Colorado) of the effective date.

### Beneficiary

The beneficiary of this rider will be the beneficiary as shown on the application for the policy to which this rider is attached.

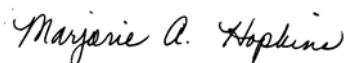
### Rider is nonparticipating

This rider does not share in our divisible surplus.

### Effective date

The effective date of this rider is shown on the Policy Specification Page.

This rider is made part of the policy to which it is attached.



Secretary



President

**UNITED HERITAGE LIFE INSURANCE COMPANY**

P.O. Box 7777, Meridian Idaho 83680-7777

**GRANDCHILD INSURANCE RIDER APPLICATION**

This rider is provided to the purchaser of this policy subject to the terms and conditions stated below.

**ELIGIBILITY/ISSUE AGE:**

- Any unmarried grandchild of the policy's insured.
- Must have attained his/her first year birthday and not attained his/her 19<sup>th</sup> birthday.
- Must be currently living with or dependent on a parent, grandparent, or legal guardian for primary support.

**BENEFIT SUMMARY:**

- The death benefit is provided in \$100 increments up to, but not greater than the smaller of: the issued death benefit of the primary insured; or \$2,500.
- If the grandchild is covered under this rider attached to other UH policies, a benefit will be paid under only one policy.
- The rider terminates upon the death of any insured grandchild prior to age 19, or the death of primary insured.
- Benefits will not be paid for any death resulting from suicide within the first two years of the rider effective date (one year in Colorado) for any insured grandchild.
- Coverage terminates when an insured grandchild reaches attained age 19.

**FEE:**

- At time of application, a \$10 fee is required to add this rider to the policy.
- At any time after the policy is issued, a \$10 administrative fee and a new application are required to add additional grandchildren to the initial rider.

**GRANDCHILDREN TO BE INSURED:**

NAME OF GRANDCHILD	DATE OF BIRTH	AGE	SEX

**TO THE BEST OF HIS/HER KNOWLEDGE, PURCHASER CERTIFIES THAT ALL GRANDCHILDREN NAMED IN THIS RIDER ARE CURRENTLY IN GOOD HEALTH AND NOT UNDER A DOCTOR'S CARE FOR ANY CHRONIC MEDICAL CONDITION OR DISEASE.**

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

\_\_\_\_\_  
SIGNATURE OF INSURED/OWNER\_\_\_\_\_  
DATE\_\_\_\_\_  
CITY & STATE where signed\_\_\_\_\_  
AGENT'S SIGNATURE\_\_\_\_\_  
AGENT'S #

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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.114 Single Premium - Single Life - Funeral Expense</i>
<i>Product Name:</i>	<i>Preneed Grandchild Rider</i>		
<i>Project Name/Number:</i>	<i>PN-GR03-2008/PN-GR03-2008AR</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	HERT-125827646	State:	Arkansas
Filing Company:	United Heritage Life Insurance Company	State Tracking Number:	40495
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TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.114 Single Premium - Single Life - Funeral Expense
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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 09/22/2008

### Comments:

Please note that the Guaranty Association Notice and the Complaint Notice were submitted for your review on October 9, 2008 Filing of Universal Life Product, SERFF Filing No. HERT125850121.

### Attachments:

GUAR 11.pdf  
COMPLAAR.pdf  
Certificate of Readability.pdf  
Certificate of Compliance.pdf

**LIMITATIONS AND EXCLUSIONS UNDER THE  
ARKANSAS LIFE AND HEALTH INSURANCE  
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well managed and financially stable.

**DISCLAIMER**

**The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.**

**Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.**

**Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.**

**The Arkansas Life and Health Insurance Guaranty Association  
C/O The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201**

**Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
800-282-9134 or 501-371-2600**

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

## **COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## **EXCLUSIONS FROM COVERAGE**

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustee).



## **LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.



**IN CASE OF CONSUMER COMPLAINTS CONCERNING OR CONNECTED TO THIS  
POLICY, PLEASE CONTACT YOUR AGENT OR BROKER FOR ASSISTANCE, OR  
CONTACT:**

**UNITED HERITAGE LIFE INSURANCE COMPANY**

**P.O. BOX 7777**

**MERIDIAN, IDAHO 83680-7777**

**(208)-493-6100**

**(800) 657-6351**

**IF DISCUSSIONS WITH THE INSURER, OR ITS AGENT OR OTHER REPRESENTATIVE, OR  
BOTH, HAVE FAILED TO PRODUCE A SATISFACTORY RESOLUTION TO THE PROBLEM,  
YOU MAY CONTACT:**

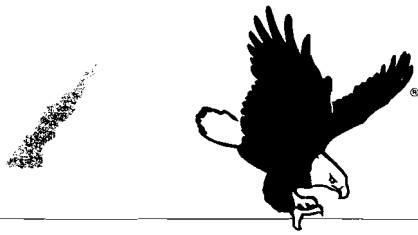
**ARKANSAS INSURANCE DEPARTMENT**

**CONSUMER SERVICES DIVISION**

**1200 WEST THIRD STREET**

**LITTLE ROCK, AR 72201-1904**

**TELEPHONE NUMBER: 1-800-852-5494 OR 1-501-371-2540**



UNITED HERITAGE<sup>®</sup>  
Life Insurance Company

*a United Heritage Financial Group Company*

October 10, 2008

Arkansas Department of Insurance  
Attn. Rates & Forms Divn.  
1200 W. 3<sup>rd</sup> St  
Little Rock, AR 72201-1904

**CERTIFICATION OF READABILITY**

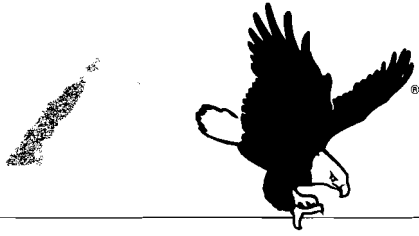
I, Deborah Sloan, Senior V.P. & Chief Actuary, hereby certify that this Grandchild Insurance Rider, Form No. 1909-GIR (03-2008) complies with Arkansas Code §§ 23-80-201 to 23-80-208 inclusive and has a Flesch Readability Score of 51.3. The Grandchild Rider Application itself carries a minimal Flesch Readability Score of 40.

*Deborah Sloan*

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Deborah Sloan

Senior Vice President & Chief Actuary



UNITED HERITAGE<sup>®</sup>  
Life Insurance Company

*a United Heritage Financial Group Company*

October 10, 2008

Arkansas Department of Insurance  
Attn. Rates & Forms Divn.  
1200 W. 3<sup>rd</sup> St  
Little Rock, AR 72201-1904

**CERTIFICATION OF COMPLIANCE**

**FORM NO. 1909-GIR (03-2008)**

I, Geoffrey M. Baker, Vice President & General Counsel, hereby certify that I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify to the best of my knowledge and belief that they are in compliance with the applicable statutes, regulations and bulletins of the State of Arkansas. I further certify that the forms will be revised and/or discontinued as appropriate in the event of future changes in the statutes, regulations or bulletins.

---

Geoffrey M. Baker  
Vice President & General Counsel

<i>SERFF Tracking Number:</i>	<i>HERT-125827646</i>	<i>State:</i>	<i>Arkansas</i>
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## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Application for Grandchilde Rider	09/22/2008	30-01GIR (3-2008).pdf

**UNITED HERITAGE LIFE INSURANCE COMPANY**

P.O. Box 7777, Meridian Idaho 83680-7777

**GRANDCHILD INSURANCE RIDER APPLICATION**

This rider is provided to the purchaser of this policy subject to the terms and conditions stated below.

**ELIGIBILITY/ISSUE AGE:**

- Any unmarried grandchild of the policy's insured.
- Must have attained his/her first year birthday and not attained his/her 19<sup>th</sup> birthday.
- Must be currently living with or dependent on a parent, grandparent, or legal guardian for primary support.

**BENEFIT SUMMARY:**

- The death benefit is provided in \$100 increments up to, but not greater than the smaller of: the issued death benefit of the primary insured; or \$2,500.
- If the grandchild is covered under this rider attached to other UH policies, a benefit will be paid under only one policy.
- The rider terminates upon the death of any insured grandchild prior to age 19, or the death of primary insured.
- Benefits will not be paid for any death resulting from suicide within the first two years of the rider effective date (one year in Colorado) for any insured grandchild.
- Coverage terminates when an insured grandchild reaches attained age 19.

**FEE:**

- At time of application, a \$10 fee is required to add this rider to the policy.
- At any time after the policy is issued, a \$10 administrative fee and a new application are required to add additional grandchildren to the initial rider.

**GRANDCHILDREN TO BE INSURED:**

NAME OF GRANDCHILD	DATE OF BIRTH	AGE	SEX

**TO THE BEST OF HIS/HER KNOWLEDGE, PURCHASER CERTIFIES THAT ALL GRANDCHILDREN NAMED IN THIS RIDER ARE CURRENTLY IN GOOD HEALTH AND NOT UNDER A DOCTOR'S CARE FOR ANY CHRONIC MEDICAL CONDITION OR DISEASE.**

\_\_\_\_\_  
SIGNATURE OF INSURED/OWNER\_\_\_\_\_  
DATE\_\_\_\_\_  
CITY & STATE where signed\_\_\_\_\_  
AGENT'S SIGNATURE\_\_\_\_\_  
AGENT'S #